


Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050 0028 Expires 9 30 88
GSA No. 0246 EPA 07

| United States Environmental Protection Agency Washington, DC 20460 | | Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section | |
|---|---|---|-------------------------------------|
| EPA Notification of Hazardous Waste Activity | | US EPA RECORDS CENTER REGION 5 | |
| For Official Use Only | |  1004987 | |
| Comments | | | |
| C | | | |
| C | | | |
| Installation's EPA ID Number | | Approved | Date Received (yr. mo. day) |
| C | | T/A C | |
| F | | 1 | |
| I. Name of Installation | | | |
| S W S S I L I C O N E S C O R P O R A T I O N | | | |
| II. Installation Mailing Address | | | |
| Street or P.O. Box | | | |
| C | | | |
| 3 | 3 0 0 1 | S U T T O N | R O A D |
| City or Town | | | State ZIP Code |
| C | | | |
| 4 | A D R I A N | | M I 4 9 2 2 1 |
| III. Location of Installation | | | |
| Street or Route Number | | | |
| C | | | |
| 5 | S A M E | | |
| City or Town | | | State ZIP Code |
| C | | | |
| 6 | | | |
| IV. Installation Contact | | | |
| Name and Title (last, first, and job title) | | | Phone Number (area code and number) |
| C | | | |
| 2 | P H I L B R O O K | G , E N V . C C | 5 1 7 2 6 3 5 7 1 1 |
| V. Ownership | | | |
| A. Name of Installation's Legal Owner | | | B. Type of Ownership (enter code) |
| C | | | |
| R | S W S S I L I C O N E S C O R P . | | P |
| VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) | | | |
| A. Hazardous Waste Activity | | B. Used Oil Activities | |
| <input checked="" type="checkbox"/> 1a. Generator | <input type="checkbox"/> 1b. Less than 1,000 kg/mo. | <input checked="" type="checkbox"/> 6. Off-Specification Used Oil (enter 'X' and mark appropriate boxes below) | |
| <input type="checkbox"/> 2. Transporter | | <input checked="" type="checkbox"/> a. Generator Marketing to Burner | |
| <input checked="" type="checkbox"/> 3. Treater/Storer/Disposer | | <input type="checkbox"/> b. Other Marketer | |
| <input type="checkbox"/> 4. Underground Injection | | <input type="checkbox"/> c. Burner | |
| <input checked="" type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) | | <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (Or On-Site Burner) (the Oil Meets the Specification.) | |
| <input checked="" type="checkbox"/> a. Generator Marketing to Burner | | | |
| <input type="checkbox"/> b. Other Marketer | | | |
| <input type="checkbox"/> c. Burner | | | |
| VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) | | | |
| <input type="checkbox"/> A. Utility Boiler | | <input type="checkbox"/> B. Industrial Boiler | |
| | | <input checked="" type="checkbox"/> C. Industrial Furnace | |
| VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)) | | | |
| <input type="checkbox"/> A Air <input type="checkbox"/> B Rail <input type="checkbox"/> C Highway <input type="checkbox"/> D Water <input type="checkbox"/> E Other (specify) | | | |
| IX. First or Subsequent Notification | | | |
| Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. | | | |
| <input type="checkbox"/> A. First Notification | | <input checked="" type="checkbox"/> B. Subsequent Notification (complete item C) | |
| | | C. Installation's EPA ID Number | |
| | | M I D 0 7 5 4 0 0 6 7 1 | |

| | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|
| ID. FOR OFFICIAL USE ONLY | | | | | | | | | |
| W | | | | | | | | | |

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------|-------------------|-------------------|
| 1 F 0 0 2 23 - 26 | 2 F 0 0 3 23 - 26 | 3 F 0 0 5 23 - 26 | 4 23 - 26 | 5 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 13 23 - 26 | 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 31 U 0 0 2 23 - 26 | 32 U 0 5 6 23 - 26 | 33 U 0 6 9 23 - 26 | 34 U 1 2 2 23 - 26 | 35 U 1 2 3 23 - 26 | 36 U 1 5 4 23 - 26 |
| 37 U 2 2 6 23 - 26 | 38 U 2 3 9 23 - 26 | 39 23 - 26 | 40 23 - 26 | 41 23 - 26 | 42 23 - 26 |
| 43 23 - 26 | 44 23 - 26 | 45 23 - 26 | 46 23 - 26 | 47 23 - 26 | 48 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Joseph Calamungi

NAME & OFFICIAL TITLE (type or print)

Joseph Calamungi
Director of Manufacturing

DATE SIGNED

8/5/80

| ID — For Official Use Only | | | | | | | | | | | |
|---|--|---------|--|--|--|----|--|------------------------------|--|-----|---|
| C | | | | | | | | | | | |
| W | | | | | | | | | | | |
| | | | | | | | | | | T/A | C |
| | | | | | | | | | | | 1 |
| IX. Description of Hazardous Wastes (continued from front) | | | | | | | | | | | |
| A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary. | | | | | | | | | | | |
| 1 | | 2 | | 3 | | 4 | | 5 | | 6 | |
| F 0 0 2 | | F 0 0 3 | | | | | | | | | |
| 7 | | 8 | | 9 | | 10 | | 11 | | 12 | |
| | | | | | | | | | | | |
| B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary. | | | | | | | | | | | |
| 13 | | 14 | | 15 | | 16 | | 17 | | 18 | |
| | | | | | | | | | | | |
| 19 | | 20 | | 21 | | 22 | | 23 | | 24 | |
| | | | | | | | | | | | |
| 25 | | 26 | | 27 | | 28 | | 29 | | 30 | |
| | | | | | | | | | | | |
| C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. | | | | | | | | | | | |
| 31 | | 32 | | 33 | | 34 | | 35 | | 36 | |
| | | | | | | | | | | | |
| 37 | | 38 | | 39 | | 40 | | 41 | | 42 | |
| | | | | | | | | | | | |
| 43 | | 44 | | 45 | | 46 | | 47 | | 48 | |
| | | | | | | | | | | | |
| D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary. | | | | | | | | | | | |
| 49 | | 50 | | 51 | | 52 | | 53 | | 54 | |
| | | | | | | | | | | | |
| E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24) | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 1. Ignitable (D001) <input type="checkbox"/> 2. Corrosive (D002) <input type="checkbox"/> 3. Reactive (D003) <input type="checkbox"/> 4. Toxic (D000) | | | | | | | | | | | |
| X. Certification | | | | | | | | | | | |
| <i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i> | | | | | | | | | | | |
| Signature <i>Joseph Calamungi</i> | | | | Name and Official Title (type or print) Joseph Calamungi Director of Manufacturing | | | | Date Signed Jan. 27, 1986 | | | |

EPA Form 8700-12 (Rev. 11-85) Reverse

BILLING CODE 6560-50-C

SWS Silicones Corporation

3301 SUTTON ROAD • ADRIAN, MICHIGAN 49221-9397 • TELEPHONE (517) 263-5711

RECEIVED

JAN 30 1986

SWD - HIS
U.S. EPA, REGION V

January 27, 1986

RCRA Activities
U.S. EPA, Region V
P. O. Box A3587
Chicago, IL 60690

Re: SWS Silicones Corporation
MID075400671

Gentlemen:

Enclosed is the completed form, "Notification of Hazardous Waste Activity", for SWS Silicones Corporation, concerning the generation of hazardous waste, and off-specification used oil, which is used for fuel in industrial furnaces.

This new form is a supplement to the original "Notification of Hazardous Waste Activity" which was submitted in August, 1980, (copy attached).

Sincerely,

SWS SILICONES CORPORATION


Joseph Calamungi
Director of Manufacturing

JC:pb 86-14, certified

cc: G. L. Ford
G. F. Lengnick
D. McGrade



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• MID075400671 REACKNOWLEDGEMENT

SWS SILICONES CORPORATION
SUTTON ROAD
ADRIAN

MI 49221

INSTALLATION ADDRESS

SUTTON ROAD
ADRIAN

MI 49221

